


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90018 004 \*\*\*150.00

**DOCUMENT # H52082**

1. Entity Name  
**WIN-MIL-NO CORP**



Principal Place of Business      Mailing Address  
**4504 PILTENGER DR**      **4504 PILTENGER DR**  
**SARASOTA FL 34234**      **SARASOTA FL 34234**  
**US**      **US**

**54012733**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2500069**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATTON, MARLENE**  
**PIHENGER STREET**  
**SARASOTA FL 34234**

*note new agent →*

7. Name and Address of New Registered Agent

Name      **MIKE KANDIS**

Street Address (P.O. Box Number is Not Acceptable)  
**4142 EDAM ST**

City      **SARASOTA**      State      **FL**      Zip Code      **34234**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE      *Mike Kandis*      DATE      **2-23-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution:

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>PATTON, MARLENE</b><br><b>4504 PIHENGER STREET</b><br><b>SARASOTA FL 34234</b> <input checked="" type="checkbox"/> Delete                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>ROBINSON, RALPH</b><br><b>4230 AACHEN ST.</b><br><b>SARASOTA FL 34234</b> <input checked="" type="checkbox"/> Delete<br><i>name of Ken Sharkey</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>KELLY, JANE T</b><br><b>3928 RHINE ST</b><br><b>SARASOTA FL 34234</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>HARRINGTON, MILDRED</b><br><b>3609 RHINE ST.</b><br><b>SARASOTA FL 34234</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FALCONER, THOMAS</b><br><b>3705 ADAM ST.</b><br><b>SARASOTA FL 34234</b> <input checked="" type="checkbox"/> Delete                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MONETTE, CHARLES</b><br><b>3726 VOORNE ST</b><br><b>SARASOTA FL 34234</b> <input checked="" type="checkbox"/> Delete                                |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>MIKE KANDIS</b><br><b>4142 EDAM STREET - SARASOTA, FL 34234</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>KENNETH B. SHARKEY</b><br><b>3706 EDAM ST. 34234 (Sarasota)</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>ROBERT HARPER</b><br><b>3913 VOORNE ST</b><br><b>SARASOTA FL 34234</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>JACKIE KANDIS</b><br><b>4142 EDAM STREET</b><br><b>SARASOTA, FL 34234</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:      *Mike Kandis*      (MIKE KANDIS)      DATE      **2-23-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date (941) 351-0957